



**Department of Toxic Substances Control**

**2002 Annual Facility Report**

# **2002 AFR**

# **California Forms**

**(Print and Fill)**

**Forms ID**

**Form GM**

**Form WR**

**Form OI**

**Form CO**

**Form CC**

<b>MAIL THE COMPLETED FORM</b> <b>TO:</b> The Appropriate EPA Regional or State Office.	United States Environmental Protection Agency <b>RCRA SUBTITLE C SITE IDENTIFICATION FORM</b>		
<b>1. Reason for Submittal</b> (see instructions on page 10)  CHECK CORRECT BOX(ES)	<b>Reason for Submittal:</b> <input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). <input type="checkbox"/> To provide subsequent notification (to update site identification information). <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application. <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____). <input type="checkbox"/> As a component of the Hazardous Waste Report.		
<b>2. Site EPA ID Number</b> (see instructions on page 11)	<b>EPA ID Number:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
<b>3. Site Name</b> (see instructions on page 11)	<b>Name:</b>		
<b>4. Site Location Information</b> (see instructions on page 11)	<b>Street Address:</b>		
	<b>City, Town, or Village:</b>	<b>State:</b>	
	<b>County Name:</b>	<b>Zip Code:</b>	
<b>5. Site Land Type</b> (see instructions on page 11)	<b>Site Land Type:</b> <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
<b>6. North American Industry Classification System (NAICS) Code(s) for the Site</b> (see instructions on page 11)	<b>A.</b>		<b>B.</b>
	<b>C.</b>		<b>D.</b>
<b>7. Site Mailing Address</b> (see instructions on page 12)	<b>Street or P. O. Box:</b>		
	<b>City, Town, or Village:</b>		
	<b>State:</b>		
	<b>Country:</b>	<b>Zip Code:</b>	
<b>8. Site Contact Person</b> (see instructions on page 12)	<b>First Name:</b>	<b>MI:</b>	<b>Last Name:</b>
	<b>Phone Number:</b>		<b>Phone Number Extension:</b>
<b>9. Legal Owner and Operator of the Site</b> (see instructions on pages 12 and 13)	<b>A. Name of Site's Legal Owner:</b>		<b>Date Became Owner (mm/dd/yyyy):</b>
	<b>Owner Type:</b> <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	<b>B. Name of Site's Operator:</b>		<b>Date Became Operator (mm/dd/yyyy):</b>
	<b>Operator Type:</b> <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

EPA ID No.

**10. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. See instructions on pages 13, 14, 15, and 16)****A. Hazardous Waste Activities****1. Generator of Hazardous Waste**

(choose only one of the following three categories)

- ☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or
- ☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or
- ☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste

**In addition, indicate other generator activities (check all that apply)**

- ☐ d. United States Importer of Hazardous Waste
- ☐ e. Mixed Waste (hazardous and radioactive) Generator

**For Items 2 through 6, check all that apply:**

- ☐ **2. Transporter of Hazardous Waste**
- ☐ **3. Treater, Storer, or Disposer of Hazardous Waste (at your site)** Note: A hazardous waste permit is required for this activity.
- ☐ **4. Recycler of Hazardous Waste (at your site)** Note: A hazardous waste permit may be required for this activity.
- 5. Exempt Boiler and/or Industrial Furnace**
- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, Refining Furnace Exemption
- ☐ **6. Underground Injection Control**

**B. Universal Waste Activities****1. Large Quantity Handler of Universal Waste [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. (check all boxes that apply):**

	<u>Generated</u>	<u>Accumulated</u>
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

☐ **2. Destination Facility for Universal Waste**

Note: A hazardous waste permit may be required for this activity.

**C. Used Oil Activities****1. Used Oil Transporter - Indicate Type(s) of Activity(ies)**

- ☐ a. Transporter
- ☐ b. Transfer Facility

**2. Used Oil Processor and/or Re-refiner - Indicate Type(s) of Activity(ies)**

- ☐ a. Processor
- ☐ b. Re-refiner

☐ **3. Off-Specification Used Oil Burner****4. Used Oil Fuel Marketer - Indicate Type(s) of Activity(ies)**

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

**11. Description of Hazardous Wastes (see instructions on pages 16 and 17)****A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.


[illegible][illegible][illegible]

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME:

EPA ID NO:                               



**U.S. ENVIRONMENTAL  
PROTECTION AGENCY**

2001 Hazardous Waste Report

**FORM  
GM**

**WASTE GENERATION  
AND MANAGEMENT**

Instructions: Please see the detailed instructions beginning on page 19 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

<b>Sec. 1</b>	A. Waste description (page 22)				
B. EPA hazardous waste code (page 22)		C. State hazardous waste code (page 22)			
<u>      </u> <u>      </u> <u>      </u> <u>      </u>		<u>      </u> <u>      </u> <u>      </u> <u>      </u>			
D. Source code (page 23)		E. Form code (page 23)	F. RCRA radioactive mixed (page 23)	G. Quantity generated in 2001 (page 23)	H. UOM (page 23)
Management Method code for Source code G25					Density (page 24)
<u>G</u> <u>      </u> <u>      </u> <u>      </u>		<u>W</u> <u>      </u> <u>      </u> <u>      </u>	<input type="checkbox"/> Yes	<u>      </u> <u>      </u> <u>      </u> <u>      </u> <u>      </u> <u>      </u> <u>      </u> <u>      </u>	<u>      </u> <u>      </u> <u>      </u> <u>      </u>
<u>H</u> <u>      </u> <u>      </u> <u>      </u>					<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

<b>Sec. 2</b>	Was any of this waste managed on site? (page 24)			
<input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input type="checkbox"/> 2 No (SKIP TO SEC. 3)				
<b>ON-SITE PROCESS SYSTEM 1</b>		<b>ON-SITE PROCESS SYSTEM 2</b>		
On-site Management Method code (page 24)	Quantity treated, disposed, or recycled on site in 2001 (page 25)	On-site Management Method code (page 24)	Quantity treated, disposed, or recycled on site in 2001 (page 25)	
<u>H</u> <u>      </u> <u>      </u> <u>      </u>	<u>      </u> <u>      </u> <u>      </u> <u>      </u> <u>      </u> <u>      </u> <u>      </u> <u>      </u>	<u>H</u> <u>      </u> <u>      </u> <u>      </u>	<u>      </u> <u>      </u> <u>      </u> <u>      </u> <u>      </u> <u>      </u> <u>      </u> <u>      </u>	

<b>Sec. 3</b>	A. Was any of this waste shipped off site in 2001 for treatment, disposal, or recycling? (pages 25 and 26)			
<input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method code Shipped to (page 26)	D. Total quantity shipped in 2001 (page 26)	
	<u>      </u> <u>      </u> <u>      </u> <u>      </u> <u>      </u> <u>      </u> <u>      </u> <u>      </u>	<u>H</u> <u>      </u> <u>      </u> <u>      </u>	<u>      </u> <u>      </u> <u>      </u> <u>      </u> <u>      </u> <u>      </u> <u>      </u> <u>      </u>	
Site 2	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method code Shipped to (page 26)	D. Total quantity shipped in 2001 (page 26)	
	<u>      </u> <u>      </u> <u>      </u> <u>      </u> <u>      </u> <u>      </u> <u>      </u> <u>      </u>	<u>H</u> <u>      </u> <u>      </u> <u>      </u>	<u>      </u> <u>      </u> <u>      </u> <u>      </u> <u>      </u> <u>      </u> <u>      </u> <u>      </u>	
Site 3	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method code Shipped to (page 26)	D. Total quantity shipped in 2001 (page 26)	
	<u>      </u> <u>      </u> <u>      </u> <u>      </u> <u>      </u> <u>      </u> <u>      </u> <u>      </u>	<u>H</u> <u>      </u> <u>      </u> <u>      </u>	<u>      </u> <u>      </u> <u>      </u> <u>      </u> <u>      </u> <u>      </u> <u>      </u> <u>      </u>	

Comments:

Over →

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: \_\_\_\_\_

EPA ID NO:                                           



**U.S. ENVIRONMENTAL  
PROTECTION AGENCY**

**2001 Hazardous Waste Report**

**FORM  
WR**

**WASTE RECEIVED  
FROM OFF SITE**

Instructions: Please see the detailed instructions beginning on page 27 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

<b>Waste 1</b>	A. Description of hazardous waste (page 27)	B. EPA hazardous waste code (page 28)	C. State hazardous waste code (page 28)
		<u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u>	<u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u>
D. Off-site handler EPA ID number (page 28)	E. Quantity received in 2001 (page 28)		F. UOM (page 28)    Density (page 29)
<u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u>	<u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u>		<u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u> □ 1 lbs/gal   □ 2 sg
G. Form code (page 29)	H. RCRA radioactive mixed (page 29)	I. Management Method code (page 29)	
<u>W</u> <u>    </u> <u>    </u> <u>    </u> <u>    </u>	<input type="checkbox"/> Yes	<u>H</u> <u>    </u> <u>    </u> <u>    </u> <u>    </u>	

<b>Waste 2</b>	A. Description of hazardous waste (page 27)	B. EPA hazardous waste code (page 28)	C. State hazardous waste code (page 28)
		<u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u>	<u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u>
D. Off-site handler EPA ID number (page 28) □ Check if same as in Waste 1	E. Quantity received in 2001 (page 28)		F. UOM (page 28)    Density (page 29)
<u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u>	<u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u>		<u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u> □ 1 lbs/gal   □ 2 sg
G. Form code (page 29)	H. RCRA radioactive mixed (page 29)	I. Management Method code (page 29)	
<u>W</u> <u>    </u> <u>    </u> <u>    </u> <u>    </u>	<input type="checkbox"/> Yes	<u>H</u> <u>    </u> <u>    </u> <u>    </u> <u>    </u>	

<b>Waste 3</b>	A. Description of hazardous waste (page 27)	B. EPA hazardous waste code (page 28)	C. State hazardous waste code (page 28)
		<u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u>	<u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u>
D. Off-site handler EPA ID number (page 28) □ Check if same as in Waste 2	E. Quantity received in 2001 (page 28)		F. UOM (page 28)    Density (page 29)
<u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u>	<u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u>		<u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u> □ 1 lbs/gal   □ 2 sg
G. Form code (page 29)	H. RCRA radioactive mixed (page 29)	I. Management Method code (page 29)	
<u>W</u> <u>    </u> <u>    </u> <u>    </u> <u>    </u>	<input type="checkbox"/> Yes	<u>H</u> <u>    </u> <u>    </u> <u>    </u> <u>    </u>	

Comments:

EPA ID NO: 

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**U.S. ENVIRONMENTAL  
PROTECTION AGENCY**

## 2001 Hazardous Waste Report

**FORM  
OI**

## OFF-SITE IDENTIFICATION

**Instructions:** Please read the detailed instructions on the reverse side before completing this form

Site 1	A. EPA ID No. of off-site installation or transporter <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	B. Name of off-site installation or transporter	
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	D. Address of off-site installation Street <div></div> City <div></div> State <div></div> Zip <div></div> - <div></div>	

Site 2	A. EPA ID No. of off-site installation or transporter <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	B. Name of off-site installation or transporter	
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	D. Address of off-site installation Street <div></div> City <div></div> State <div></div> Zip <div></div> - <div></div>	

Site 3	A. EPA ID No. of off-site installation or transporter <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	B. Name of off-site installation or transporter	
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	D. Address of off-site installation Street <div></div> City <div></div> State <div></div> <div></div> Zip <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> - <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	

Site 4	A. EPA ID No. of off-site installation or transporter <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	B. Name of off-site installation or transporter
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	D. Address of off-site installation Street <div></div> City <div></div> State <div></div> Zip <div></div> - <div></div>

Site 5	A. EPA ID No. of off-site installation or transporter <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	B. Name of off-site installation or transporter	
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	D. Address of off-site installation Street <div></div> City <div></div> State <div></div> <div></div> Zip <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> - <div></div> <div></div> <div></div> <div></div>	

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME:

EPA ID NO:   

**CALIFORNIA DEPARTMENT OF  
TOXIC SUBSTANCES CONTROL**

2002 Annual Facility Report

**CEASED OPERATING AS A  
PERMITTED OR INTERIM STATUS  
HAZARDOUS WASTE FACILITY**

FORM

CO

INSTRUCTIONS: Please read the detailed instructions beginning on page 18 of the 2002 AFR California Supplemental Instructions before completing this form.

**Sec. I**

Full Permit, Interim Status Facilities, or Standardized Permit Facilities

A. Prior Authorization ___ Permit ___ Interim Status	B. Date of Permit  Month.    Day    Year	C. Date of Interim Status  Month.    Day    Year
D. Current Permit Status ___ Ceased Operating ___ Converted to lower tier permitting ___ Permit Rescinded ___ Permit Withdrawn	E. Date Ceased Operating all permitted units  Month.    Day    Year	G. Converted all Units to ___ Permit by Rule ___ Conditionally Authorized ___ Conditionally Exempt ___ Less than 90 days storage ___ Other _____
	F. Date all units were converted to tier permitting  Month.    Day    Year	
H. Date facility notified DTSC of closure  Month.    Day    Year	I. Is facility applying for Post-Closure Permit?  ___ Yes ___ No	J. Date of facility Closure Certification/verification  Month.    Day    Year

Comments: List any other closure activity below



EPA ID NO: | | | | | | | | | | | | | | | |

## CLOSURE & POST-CLOSURE COST ESTIMATE AND ENVIRONMENTAL MONITORING DATA

**CC**

INSTRUCTIONS: Please read the detailed instructions on page 20 of the 2002 AFR California Supplemental Instructions before completing this form.

### Full Permit, Interim Status Facilities, or Standardized Permit Facilities

### B. Total Cost Estimate

___ Storage	_____	___ Gallons ___ Tons
___ Treatment	_____	___ Gallons ___ Tons per month
___ Disposal	_____	___ Gallons ___ Tons per month
___ Incineration	_____	___ Gallons ___ Tons per month
___ Open Burn/Detonation	_____	___ Gallons ___ Tons per month
___ Other	_____	___ Gallons ___ Tons per month
Specify Other	_____	

Please do not submit monthly data. Describe the type and form of monitoring data that is maintained on-site for inspection.

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